



Request to receive an e-payslip

I _____ wish to receive my payslip via e-mail. I request that my payslip each fortnight be e-mailed to the following e-mail address:

_____@_____

Please supply your personal home email address rather than your work email address.

I would like this to commence from the next pay period following my signing of this form. I understand that I will no longer receive a hard copy payslip but can request one from the payroll department should I need one in the future.

Name: _____ Staff No. _____

Please print

Position: _____ Ward/Dept _____

Hospital: _____

Signed: _____ Date: _____

OFFICE USE ONLY

Actioned by payroll to take effect from pay ending _____

Untick in PYF Enter Email Address in DET

Actioned by _____ Checked By _____